Image# 201801259090627525				PAGE 1 / 4
FEC FORM 1	STATEME ORGANIZ			
			0	ffice Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
BLAKE'S VICTO	RY FUND			
ADDRESS (number and street)	500 N. Shoreline Blvd.			
(Check if address	Suite 325			
is changed)	Corpus Christi		TX 784	401
			L_L_ L⊥ STATE ▲	
COMMITTEE'S E-MAIL ADDRE				
(Check if address is changed)	blake@blake.com			
<b>U V</b>	Optional Second E-Mail Ad	ldress		
COMMITTEE'S WEB PAGE AD (Check if address is changed)				
	22 / Y Y Y Y 2018			
3. FEC IDENTIFICATION N	UMBER ► C c	00563676		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined t	this Statement and to the best	t of my knowledge and belief it	is true, correct and	l complete.
Type or Print Name of Treasure	er Perrone, Robin, M., , CPA			
Signature of Treasurer	one, Robin, M., , CPA	[Electronically Filed]	Date 01	25 / Y Y Y Y 2018
NOTE: Submission of false, error		may subject the person signing ION SHOULD BE REPORTED V		penalties of 2 U.S.C. §437g.
Office Use Only		For further information c Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

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TYPE OF C	OMMITTEE	
Candidate	e Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information below	.)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Cor information below.)	nplete the candidate
Name of Candidate		
Candidate Party Affiliat	on Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Cor		
(d)	This committee is a    (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political A	ction Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	segregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fund	Iraising Representative:	
(g) 🗶	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate	
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
Com	mittees Participating in Joint Fundraiser	
1.	ELECT BLAKE FARENTHOLD COMMITTEE	0473736
2.	BRIGHTER FUTURES PAC (BF PAC) FEC ID number C C00	0529834
3.	FEC ID number	
4.	FEC ID number	

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FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

## BLAKE'S VICTORY FUND

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address								
	CITY	ST	TATE	ZIP CODE				
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor								

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Perrone, F	Robin, M., , CPA
Full Name	
Mailing Address	500 N. Shoreline Blvd.
	Suite 325
	Corpus Christi      TX      78401        -      -      -      -
Title or Position	CITY STATE ZIP CODE
Treasurer	361   888   5151

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer	Perrone, Robin, M., , CPA
Mailing Address	500 N. Shoreline Blvd.
	Suite 325
	CITY STATE ZIP CODE
Title or Position Treasurer	361   888   5151

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Full Name of Designated Agent														1									1			
Mailing Address																										
																			L				_			
						C	:IT)	(								STA	ΤE				ZII	ΡC	OD	١E		
Title or Position																										
											Tele	eph	one	e ni	umt	ber										

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

	American Bank	
Mailing Address	P.O. Box 6469	
	Corpus Christi	TX 78466
	CITY	STATE ZIP CODE
Name of Bank, D	Depository, etc.	
Mailing Address		
	CITY	STATE ZIP CODE